

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09851619

FILING DATE

05-09-

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1							51		
2							52		
3							53		
4							54		
5							55		
6							56		
7							57		
8							58		
9							59		
10							60		
11							61		
12							62		
13							63		
14							64		
15							65		
16							66		
17							67		
18							68		
19							69		
20							70		
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22							72		
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25							75		
26							76		
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32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	2						TOTAL IND.		
TOTAL DEP.	30	2					TOTAL DEP.	2	
TOTAL CLAIMS	32						TOTAL CLAIMS		